

**Montana Medicaid - Fee Schedule**  
**Elderly and Physically Disabled Home and Community Based Services Waiver**  
**July 1, 2013**

**Description** – Procedure code Montana description. Case management teams will indicate which procedure code to use in order to assure correct coding.

**Modifier** - All Home and Community Based Services procedure codes must be followed by a UA

Other modifiers to follow after UA modifier:

TE = nurse supervision/oversight (May be used with procedure code T1019)

TS = follow-up service (May be used with procedure codes S0215, S5125, S5126,

U9 = consumer is enrolled in the Bonanza option.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Schedule:** Medicaid fee for listed codes.

Rates listed are maximum paid. All rates may be negotiated by case management teams who authorize service

Providers must bill Medicaid the negotiated rate agreed upon with the case management team or with the Department.

**Homemaker, Respite, Personal Assistance and Specially Trained Attendant rates are based on negotiations with the Department. Providers agree to bill at the rate outlined in their billing certification letter for FY14. Providers understand that periodic audits will take place and a recovery will occur if they bill above their rate.**

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Initiative
S5100	UA	Adult Day Care	7/1/13	15 min	Fee Sched	\$2.08	Y	
T1016	UA	Case Management	7/1/13	15 min	Fee Sched	\$14.73	N	
T2022	UA	Case Management	7/1/13	day	Fee Sched	\$9.04	N	
T2024	UA	Case Management plus Supported Living Coordination	7/1/13	day	Fee Sched	\$17.48	N	
T2038	UA	Community Transition Services	7/1/11	service	Fee Sched	\$2,000.00	Y	
H2015	UA	Consultative Clinic and Therapeutic Services	7/1/11	service	Fee Sched	\$350.00	Y	
T2020	UA	Day Habilitation	7/1/13	day	Fee Sched	\$75.68	Y	
S5165	UA	Environmental Accessibility Adaptations - Home Modification	10/1/03	service	Fee Sched	\$4,000.00	Y	
T2039	UA	Environmental Accessibility Adaptations - Vehicle Modification	10/1/03	service	Fee Sched	\$4,000.00	Y	
T1027	UA	Family Training & Support	7/1/13	15 min	Fee Sched	\$8.01	Y	
T2040	UA	Financial Manager (do not use with U9 modifier)	7/1/11	month	Fee Sched	\$163.10	Y	
H2032	UA	Health and Wellness	7/1/11	session	Fee Sched	\$175.00	Y	
H2032	UA	Adaptive Recreational Therapy	7/1/11	session	Fee Sched	\$55.00	Y	
H2032	UA	Exercise Classes	7/1/11	class	Fee Sched	\$65.00	Y	
H2032	UA	Health Club Membership	7/1/11	monthly	Fee Sched	\$65.00	Y	
H2032	UA	Hippotherapy	7/1/11	session	Fee Sched	\$45.00	Y	
H2032	UA	Wellness Classes	7/1/11	session	Fee Sched	\$175.00	Y	
S5130	UA	Homemaker	7/1/13	15 min	Fee Sched	3.26 - 4.16	Y	Y
S5131	UA	Homemaker Chores	10/1/03	service	Fee Sched	\$250.00	Y	

Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Initiative
T2041	UA	Independence Advisor (do not use with U9 modifier)	7/1/13	month	Fee Sched	\$163.10	Y	
S5170	UA	Nutrition (Meals)	7/1/13	meal	Fee Sched	\$5.36	Y	
S9452	UA	Nutrition Classes, Nutritionalist	7/1/13	15 min	Fee Sched	\$14.41	Y	
S9470	UA	Nutritional Counseling, Dietician	7/1/13	15 min	Fee Sched	\$14.41	Y	
97003	UA	Occupational Therapy - Evaluation	7/1/13	visit	Fee Sched	\$57.78	Y	
97150	UA	Occupational Therapy - Group	7/1/13	15 min	Fee Sched	\$11.79	Y	
97530	UA	Occupational Therapy - Individual	7/1/13	15 min	Fee Sched	\$23.80	Y	
T2025	UA	Pain and Symptom Management - Negotiated with Upper Limit	7/1/11	session	Fee Sched	\$650.00	Y	
T2025	UA	Acupuncture	7/1/11	session	Fee Sched	\$70.00	Y	
T2025	UA	Chiropractic	7/1/11	session	Fee Sched	\$75.00	Y	
T2025	UA	CrainioSacral Therapy	7/1/11	session	Fee Sched	\$70.00	Y	
T2025	UA	Hyperbaric Oxygen Therapy	7/1/11	session	Fee Sched	negotiated	Y	
T2025	UA	Massage Therapy	7/1/11	session	Fee Sched	\$70.00	Y	
T2025	UA	Mind-Body Therapies (Such as Hypnosis and Biofeedback)	7/1/11	session	Fee Sched	\$125.00	Y	
T2025	UA	Specialized Nursing Services	7/1/11	session	Fee Sched	\$70.00	Y	
T2025	UA	Pain Mitigation Counseling/Coaching	7/1/11	treatment	Fee Sched	\$650.00	Y	
T2025	UA	Reflexology	7/1/11	session	Fee Sched	\$70.00	Y	
T1019	UA	Personal Assistance Attendant - Agency-Based	7/1/13	15 min	Fee Sched	\$4.54 - \$5.05	Y	Y
T1019	UA TE	Personal Assistance Nurse Supervision - Agency-Based	7/1/13	15 min	Fee Sched	\$4.54 - \$5.05	Y	Y
T1019	UA	Personal Assistance Attendant -Self-Directed	7/1/13	15 min	Fee Sched	\$3.75 - \$4.23	Y	Y
T1019	UA TE	Personal Assistance Oversight - Self-Directed	7/1/13	15 min	Fee Sched	\$3.75 - \$4.23	Y	Y
T1020	UA	Personal Assistance Attendant - Per Day	7/1/13	day	Fee Sched	\$9.93	Y	
S5161	UA	Personal Emergency Response - Rental	10/1/03	month	Fee Sched	\$69.00	Y	
S5160	UA	Personal Emergency Response System - Installation and Testing	10/1/03	item	Fee Sched	\$100.00	Y	
S5162	UA	Personal Emergency Response System - Purchase	10/1/03	item	Fee Sched	\$800.00	Y	
97001	UA	Physical Therapy - Evaluation	7/1/13	visit	Fee Sched	\$50.89	Y	
97150	UA	Physical Therapy - Group	7/1/13	15 min	Fee Sched	\$11.79	Y	
97530	UA	Physical Therapy - Individual	7/1/13	15 min	Fee Sched	\$23.80	Y	
H2001	UA	Post Acute Rehabilitation						
H2001	UA	Community Residential Rehabilitation	7/1/13	day	Fee Sched	\$731.00	Y	
H2001	UA	Comprehensive Day Treatment	7/1/13	hour	Fee Sched	\$97.46	Y	
T2015	UA	Prevocational Services	7/1/13	hour	Fee Sched	\$7.38	Y	
T1003	UA	Private Duty Nursing - LPN	7/1/13	15 min	Fee Sched	\$7.01	Y	
T1002	UA	Private Duty Nursing - RN	7/1/13	15 min	Fee Sched	\$8.30	Y	
T1001	UA	Registered Nurse Supervision	7/1/13	15 min	Fee Sched	\$11.47	Y	
		Residential Habilitation						
T2031	UA	Res Hab - Assisted Living Facilities and Adult Foster Homes	7/1/13	day	Fee Sched	\$71.79	Y	
S5145	UA	Res Hab - Child Foster Care	7/1/13	day	Fee Sched	\$102.76	Y	
T2016	UA	Res Hab - Group Home	7/1/13	day	Fee Sched	148.74	Y	
T2016	UA	Res Hab - TBI-AR	7/1/13	day	Fee Sched	102.76	Y	
G0238	UA	Respiratory Therapeutic Procedures	7/1/13	15 min	Fee Sched	\$8.30	Y	
99503	UA	Respiratory Therapy	9/1/11	visit	Fee Sched	\$25.00	Y	
T1005	UA	Respite Care	7/1/13	15 min	Fee Sched	3.26 - 4.15	Y	Y
H0045	UA	Respite Care - Assisted Living & Adult Foster Care	7/1/13	day	Fee Sched	\$161.75	Y	
H0045	UA	Respite Care - Hospital	10/1/03	day	Fee Sched	\$360.00	Y	
H0045	UA	Respite Care - Nursing Facility	7/1/13	day	Fee Sched	rate	Y	
S5135	UA	Senior Companion	7/1/13	15 min	Fee Sched	\$1.27	Y	
T2027	UA	Special Child Care for Children	7/1/13	15 min	Fee Sched	\$5.32	Y	
T2029	UA	Specialized Medical Equipment	10/1/03	item	Fee Sched	\$2,000.00	Y	
T2028	UA	Specialized Medical Supplies	10/1/03	item	Fee Sched	\$2,000.00	Y	
S5125	UA	Specially Trained Attendant	7/1/13	15 min	Fee Sched	\$5.32	Y	Y
S9124	UA	Specially Trained Attendant - LPN	7/1/13	15 min	Fee Sched	\$7.01	Y	
S9123	UA	Specially Trained Attendant - RN	7/1/13	15 min	Fee Sched	\$8.30	Y	
92506	UA	Speech Therapy - Evaluation	7/1/13	visit	Fee Sched	\$147.60	Y	
92508	UA	Speech Therapy - Group	7/1/13	15 min	Fee Sched	\$14.10	Y	
92507	UA	Speech Therapy - Individual	7/1/13	15 min	Fee Sched	\$48.40	Y	
T2019	UA	Supported Employment	7/1/13	15 min	Fee Sched	\$12.36	Y	
T2033	UA	Supported Living	9/1/11	day	Fee Sched	\$213.20	Y	

Please see first page for a complete description of information in the fee schedule

<b>Proc</b>	<b>Mod</b>	<b>Description</b>	<b>Effective</b>	<b>Unit</b>	<b>Method</b>	<b>Fee</b>	<b>PA</b>	<b>Wage Initiative</b>
S0215	UA	Transportation - Miles	10/1/08	mile	Fee Sched	\$0.33	Y	
T2003	UA	Transportation - Trip	9/1/11	trip	Fee Sched	\$12.16	Y	

**Services listed below are billed only by Financial Managers and Independent Advisors approved by the Senior & Long Term Care Division and for consumers who are enrolled in the Bonanza option.**

<b>Proc</b>	<b>Mod</b>	<b>Description</b>	<b>Effective</b>	<b>Unit</b>	<b>Method</b>	<b>Fee</b>	<b>PA</b>
S5126	UA U9	Community Supports Services	9/1/11	15 min	Fee Sched	\$5.32	N
S5126	UA U9	Community Supports Services - Transportation Miles	9/1/11	mile	Fee Sched	\$0.51	N
T2040	UA U9	Financial Manager	7/1/13	month	Fee Sched	\$163.10	N
S9986	UA U9	Goods and Services (other than supplies)	7/1/06	service	Fee Sched	\$500.00	N
T5999	UA U9	Goods and Services (supplies)	7/1/06	item	Fee Sched	\$500.00	N
T2041	UA U9	Independence Advisor	7/1/13	month	Fee Sched	\$163.10	N
T1000	UA U9	Private Duty Nursing	7/1/13	15 min	Fee Sched	\$8.30	N
A0080	UA U9	Transportation Miles	3/1/11	mile	Fee Sched	\$0.51	N

\* Nursing Facility Medicaid rate can be found on <http://www.dphhs.mt.gov/sltc/services/nursingfacilities/Medicaid/IndexMedicaidRates.shtml>